2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 17, 2008 08:00 AM Secretary of State **DOCUMENT # P06000006819** LEO'S LANDSCAPING & MAINTENANCE, INC. Principal Place of Business Mailing Address 17757 SW 146TH CT. 17757 SW 146TH CT. MIAMI, FL 33177 MIAMI, FL 33177 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 74-3157192 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACOSTA, LEONARDO DO NOT WRITE 17757 SW 146TH CT. MIAMI, FL 33177 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ACOSTA, LEONARDO NAME 17757 SW 146TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 TITLE NAME 000000788136 01/18/08-80028-004 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with INS filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier entail report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reclinary trustee emplweed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the re changed, or on an attackn

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #